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MASSAGE.

A THESIS BY HANNA SCOTT TURNER.

MASSAGE—Greek *masso*, I knead or handle; Arabic, *mass*, to press softly—is a term now used by American and European physicians to express the communication of motion to the tissues of the living human body from an external source, by means of a series of procedures which are usually done with the hands, such as friction, kneading, rolling and percussing the external tissues of the body for a therapeutical purpose, either as a curative, palliative or hygienic measure.

Before the Greek or Arabian the practice of massage was employed. Its history is very ancient; written allusions to it have been found in the literature of China more than three thousand years before our era, and their oral traditions reach still farther back. Of its birth we know nothing; the wise men have tried in vain to discover its origin. Its *horoscopus ascendens* is lost in the night of time.

Professor Billroth, one of the most renowned and learned surgeons of Germany, says: "Massage is as old as surgery, as old as mankind, and its usage is hoary with antiquity."

Massage of the nineteenth century is the same as that of the Brahmins of India, of the priests of Egypt, of Herodicus, or Asclepiades.

Nearly all who have thought sufficiently of it to record their appreciation of massage, those who have preserved fragments for us, have been men of note, eminent as poets, as historians, as philosophers, and as physicians.

Homer, in the "Odyssey," 1000 B. C., tells us that war-worn heroes were rubbed and anointed to rest and refresh them. Herodotus, the father of history, makes special mention of physicians who made *friction* of first importance. Herodicus, in the fifth century, one of the masters of Hippocrates, the father of medicine, first proposed rubbing not only as a preserver of health but as a cure of disease.

One of the aphorisms of Hippocrates is: "The physician must be experienced in many things, but assuredly also in rubbing, for things that have the same name have not always the same effect. For rubbing can bind a joint that is too loose, and loosen a joint that is too rigid; rubbing can bind and loosen; can make flesh, and cause parts to waste; moderate rubbing makes them grow." This is the first definite information we have as to the results of massage.

Cicero, the great Roman orator, statesman and philosopher, claimed that he owed as much to his anointer and rubber as he did to his physician. Plutarch tells us Julius Cæsar had himself pinched all over daily as a means of getting rid of a general neuralgia.

Pliny, the celebrated Roman advocate, in one of his letters to the emperor, begs of him, as a special favor to himself, to grant his anointer and rubber the rights and privileges of a Roman citizen, for his life had been greatly endangered by a very severe illness and this man had anointed and rubbed him into vigorous health.

Ambrose Paré, the most renowned surgeon of the sixteenth

century, though not recognized by the Faculty, as he was but a barber surgeon—the inventor of the ligation of arteries, the foundation of modern surgery, and whose life was spared at the massacre of St. Bartholomew, though a devout Huguenot, because none were so wise as he in the art and skill of surgery—in his writings, which were published in 1575, states that friction was of great esteem in his time, and goes on to describe three kinds—gentle, medium, and vigorous—and their several effects.

In dislocations he recommends the limb to be moved about gently, this way and that way, in order that the fluids effused be resolved, and the fibers of the ligaments and muscles be extended, so that reduction be facilitated. It is clearly shown that the influence of passive motion in the promotion of absorption was understood by him.

In the seventeenth century the illustrious Sydenham abandoned the routine system of practice then in vogue, and based his own upon the theory that in nature there is a recuperative power which ought to be aided and not opposed. He is made to say that, if one knew of the virtues of friction and exercise and would keep this knowledge secret, he might easily make a fortune. How well this is exemplified to-day! Look in any city in the United States, or, for that matter, in the civilized world, and see the number of "Heaven appointed," relieving pain and curing disease by the mere laying on of hands, or by some wonderful mysterious power they please to designate *magnetism*. To them the function of an artery is a conundrum. Surrounding their ignorance with a halo of mystery they attract in a short time a large clientel  of really educated gentlemen and ladies.

Few there are who have taken any interest in massage but imagine they have improved it, unmindful of the words of the father of medicine, who says: "Medicine hath of old a principle and a discovered track, whereby in a long time many and fine discoveries have been discovered and the rest is to be discovered, if anyone who is both competent and knows what hath been discovered start from these data on the search. But whoever, rejecting these and despising all, shall undertake to search by a

different track and in a different manner, and shall say that he hath discovered something, will be deceived himself and will deceive others."

According to the father of medicine, there are those who have deceived themselves and others by not starting from previous data, on their search.

The history of massage has not shown it to be a plant of steady growth and uninterrupted progress, but instead it has had an uncertain career,—at one time very highly esteemed, only to be followed by a period of indifference, which, in turn, was followed by a period of contempt, until someone eminent in authority would drag it forth into light and sunshine, and popular opinion would raise it from oblivion. During the Middle Ages it vanished completely from the medical schools, receiving only an occasional recognition in connection with midwifery.

To the genius of Pehr Henrik Ling, poet and physiologist of Sweden, is given the credit of rescuing from oblivion the system of gymnastics, so well adapted to both sick and well, and known as the "Swedish Movement Cure," a younger, weaker sister of massage. By many he was considered as the inventor or originator of this system, but the testimony of his critics proves that he has simply taken the methods of the ancients, reformed and improved them and put them upon a scientific basis.

To Dr. Mezger, of Amsterdam, and his pupils, Berghman and Helleday, more than to others, is due the credit of having reduced massage to a system founded upon the basis of numerous experiments and of earning for it the reputation of being a truly reliable remedial agent.

From Schmidt's "Jahrbücher" we quote:—

"It is but recently that massage has gained an extensive scientific consideration, since it has passed out of the hands of rough and ignorant empirics into those of educated physicians; and upon the result of recent scientific investigations it has been cultivated into an improved therapeutical system, and has won for itself in its entirety the merit of having become a special branch of the art of medicine."

This is the opinion of the first surgeons and physicians of the continent of Europe.

It is not to be considered an *exclusive* method of treatment. Its advocates desire it to be regarded as constituting but a modest department of the therapeutic treasury. According to the requirements of each individual case, massage may be of primary importance, or of secondary importance, or of no importance whatever, or it may be positively injurious.

There are certain stages in one or more classes of affections in every special and general department of medicine in which it has been proved directly or indirectly beneficial, in some cases leading to recovery, when other means would be but slowly operative, or, perhaps, might fail entirely.

The study of the effects of massage is commensurate with that of physiology itself. These effects are complex, mechanical, thermal, and electrical. Besides these there are manifestations evoked by it in the nervous system whose existence can be explained only on the theory of reflex action.

Grove, in his "Correlation of the Physical Forces," says: "The nearest approach we can come to a comprehension of *chemical action* is by regarding it as a molecular attraction or motion." Carpenter, in his essay on the "Correlation of the Physical and Vital Forces," goes a step farther, aiming to show that the general doctrine of the Correlation of the Physical Forces propounded by Mr. Grove is equally applicable to those vital forces which must be assumed as the moving powers in the production of purely vital phenomena.

The animal cell, with the ceaseless motion of its contents within its walls, and by constant osmosis through its walls, as the unit and exponent of life both in its origin and its perpetuation, is the latest development of physiological investigation.

From this standpoint we may define disease as an irregularity or retardation of motion in the cell contents; death as the cessation of this motion; health, that condition in which the motions of the cell contents are carried on naturally. Hence in a diseased condition what could be more natural, or more scientific, than to supply from an external source the internal requirements. This is the function proper of massage, which is founded upon the strictest inductions of science and is in concord with the most recent discoveries of physiological research.

It is a mystery yet to be explained, but not the less to be regretted, that physicians do not oftener try their hands at massage themselves. Visits for massage need be no more arduous and are much less disagreeable than many visits made in the practice of surgery, obstetrics, and gynecology. Physicians are called upon daily to render service that no menial could be hired to perform. In applying massage there need be no thought of compromising professional dignity with a vanguard of such men as Drs. Brown-Séquard, S. Weir Mitchell, Edward H. Clark, S. G. Webber, Douglas Graham, and many French, German, and Scandinavian physicians, who often apply massage themselves to their patients to enable them to appreciate the changes brought about in the tissues by this mode of treatment.

The literature of massage is meager indeed. Even on the part of those who best understand the subject and are well experienced in expressing ideas, the tendency is to generalize. But be the description ever so carefully and precisely worded, one who sees, feels, and attempts to practice this art will comprehend more fully the import of the term than he who has thoroughly studied it as a science. For, like surgery, it is both an art and a science, and to be a successful masseur requires the same qualifications as the successful surgeon, viz., a good knowledge of anatomy and physiology combined with gentleness, tenderness, strength, and endurance; they should also possess refinement and delicacy of touch. The quality of endurance necessary in applying massage is different from that required to polish a stove or to swing a sledge hammer.

Dr. Douglas Graham, who is not only a skilled and accomplished masseur, but as well an intelligent and highly educated physician, has attempted to formulate his knowledge and has succeeded in giving the most useful and practical instructions as to the manner in which massage may be applied. The various and multiform divisions of the French he groups into four different classes, viz., friction, percussion, pressure, and movement. He continues his grouping by classing them under three different heads, viz., friction, percussion, and massage proper, this latter to include the various movements of malaxation, manipulation,

deep-rubbing, kneading and pressure. He says each and all of these may be gentle, moderate, or vigorous, according to the requirements of the case, and the physical qualities of the operator.

1. All of the single or combined procedures should be begun moderately, gradually increased in force and frequency to their fullest extent desirable, and should end as gradually as begun.

2. The greatest extent of surface of the fingers and hands of the operator consistent with ease and efficacy of movement should be adapted to the surface worked upon, in order that no time be lost by working with the ends of the fingers or one portion of the hand when all the rest might be occupied.

3. The patient should be placed in as easy and comfortable a position as possible. If the manipulator be too near the patient he will be cramped in his movements; if too far removed, they will be indefinite, superficial and lacking in energy. The joints of the patient should be midway between flexion and extension.

4. What constitutes a dose of massage is to be determined by the force and frequency of the manipulations and the length of time during which they are employed. A good manipulator will accomplish better results in fifteen minutes than a poor one will in an hour, just as an old mechanic working deliberately will accomplish more than an inexperienced one working furiously.

5. The directions of the manipulation should be almost invariably from the extremities to the trunk and from the insertion to the origin of muscles, so as to favor and not retard the venous and lymphatic currents.

Friction is a forcible rubbing with the hand or with the tips of the fingers, and should always begin at the border of pathologically altered tissues, as its object is to force morbid deposits from diseased parts and distribute them through the surrounding healthy tissues. Percussion is to be employed only over muscular masses.

Massage *proper*, including all the various movements excepting friction and percussion, is done by adapting as much as possible of the fingers and hands to the parts to be thus treated; and without allowing them to slip on the skin, the tissues beneath are kneaded, rolled, and manipulated in a circulatory manner, pro-

ceeding from the insertion towards the origin of the muscles; from the extremities towards the trunk, in the direction of the returning currents of blood and lymph.

In what affections and at what stages is massage beneficial?

Briefly answered by saying, In the incipient stages of local and general disturbances of circulation, locomotion and nutrition, or may be after the acute symptoms have passed away. Where the recuperative powers have come to a standstill, where languid circulation needs to be aroused, waste products to be absorbed, and nerves and muscles to be nourished and strengthened. In properly selected cases, instances of which are seen in individuals suffering from overwork, or want of work, worry, depression of spirits, and loss of sleep, together with feeble and tardy digestion—those who cannot get or take rest, no matter how favorable the opportunity. The effects of massage are three: while it is being done, and often for several hours afterward, the patients are in a blissful state of repose; they feel as if they were enjoying a long rest, or had just returned from a refreshing vacation. It exerts a peculiarly delightful and profound effect upon the nervous system, its influence being tonic, sedative, and physiologically counter-irritant, making more blood flow through the skin and muscle, and consequently less to the brain, spinal cord, and internal organs.

In conclusion, we use the words of one of the wise ones:—

“This is an art which does mend nature,
But the art itself is nature.”

MENTAL BALANCE AS AN INFLUENCE IN RESTORING IMPAIRED FUNCTIONS OF THE BODY.

BY J. G. PIERCE, M. D.

It may be thought presumptuous to attempt to evolve the problem from metaphysical science that there is a sufficient reason in mental aberration to account for the “mind” and “faith” cures we see heralded in the secular journals. The advocates and adherents of the “doctrine” will, of course, so hold

it. It may also be thought by the level-headed saint, or sinner, who is content to accept natural laws for the government of natural things, and spiritual laws for the conditions of a higher existence, that it is a work of supererogation to examine into, and thereby give prominence to, a thing that has no foundation. But if an act has been performed, or an event transpired, there is a fundamental law governing it. If not in the hypothesis alleged, then somewhere else. With this understood it may be conceded that people are sometimes cured by "faith healers."

In treating of mind and matter under diseased conditions, we will not forget their coactive relation in a state of health. There is as great a diversity in the working of the minds of men, as there are countenances to their faces. The extremes of activity may be embraced within the limits of the ordinary dullard who can comprehend but little beyond the routine of sustaining life, and the vivacious wit who, in a moment, will "pluck our feathers of fancy as it were on the wing." What is called temperament, a peculiar susceptibility for receiving or imparting impressions, if not moving in parallel lines with the degree of mental activity, may vary in deflection with the state or soundness of body, and by educational training. The stolid and doubting will be but little moved by evidences of danger patent to one more active in perception. But if his "raising" has been in the line of superstitions, he may be covered with fear and confusion by natural phenomena he does not understand. The emotional and receptive may picture to themselves fancies that are unreal and could not have a reasonable existence, but in that mood be easily persuaded by designing sophistry that their bantling was a faithful reflex of a personality. The orator knows well the use that may be made of the passions arising from love or fear, or the warping of hatred and prejudice. Scenic display is very effective in aiding to bewilder and convince those half halting to believe their plausible arguments.

The Rev. W. S. Wrung, in a discourse on "Christian Science and Mind Cure," says: "When the great convention of mind curers and Christian healers were here [San Francisco] a few weeks ago, the exalted ladies of the ism drew large salaries for their exhor-

tations, and very much larger ones for their so-called cures. They resided at the Palace or at the Occidental, and paraded Kearny Street in the height of fashion." Great generals have been equally thoughtful. "Like a field of ripe wheat," writes a French historian, "waved the long plumes of the generals when they went into battle; and the enemy, recognizing at a distance these intrepid plumes, cried in indescribable horror, 'It is the Guards!' and the battle is half won already." It is known to physicians of experience that hysteria, a neural departure from the normal condition, is often dependent upon slight functional derangement. It is, too, a frequently troublesome feature in more serious ailments. Its manifestations are so multitudinous as to, like the will-o'-the-wisp, often lead the unwary a blind chase after its eccentric movements in place of the secret springs of its origin. That this disease alone furnishes much material for miraculous cures under the manipulation of "Christian science healers," may be conceived by the relation of a single instance:—

I was called to the bedside of a favorite daughter in a family, whose sufferings seemed to be terrible. The apprehensions of herself and friends were acute with expectations of possible early dissolution. The rigid limbs and hurried breathing seemed to justify their belief. Placing my fingers upon the radial artery, which was fluttering with excitement, I discovered that whatever might be more serious to look after at leisure, there was a familiar feature in her symptoms I could down at the bidding. Giving a few general directions to divert attention and busy the attendants, I gave a dose of medicine and remarked coolly and confidently that she would be better in five minutes. My word was verified by an immediate toning down of the pulse and relaxation of stiffened joints. Although the remedy was appropriate therapeutically, I am confident it cut but a slight figure in that time beyond the mental impression re-enforced by the confident assurance that it would cure her. In a subsequent attack I gave pure water covertly, with the same effect. It was brilliant, and brought me great credit for superior skill. If I had preceded it with an audible prayer that it might be successful in its hunt for the right spot, I might have received credit for a "higher inspi-

ration." Her confidence was, no doubt, unbounded in my ability to do as I said; and all apprehensions of danger being removed, a little appropriate treatment and good nursing removed the cause.

Yet such is the history, with variations, of course, that is frequently occurring to physicians. General hypochondriasis may give them another per cent. They may not be so marked in their type as related in some of the old medical books, of the priest who believed that he had a rooster in his head, yet there are hypochondriacs who require a mental earthquake to remove their delusions. Their cure is in the diversion of their minds from their imaginary ailments. A long season of prayer carried to the hallelujah point, might stir up their stagnant fluids and wash away the scoria from the hinges of their mental and physical machinery, and they would be the better for it. In their efforts to sustain their character it might be lasting; for a true Christian life is not an idle one. But to be more specific, and to illustrate how readily a mind cure may be performed by a mere *trick*, we will call up our priest again. He believed that he had a rooster in his head, and said rooster was so proud of his elevated perch that he was continually crowing over it. This gave the bishop great trouble. For besides impairing his usefulness, such an iconoclastical idea as a rooster crowing in a priest's head, as did the one at the betrayal of the Master, was not to be thought of. Prayers were offered, and appeals to his sense of duty, reason, or ridicule were of no avail. The bishop consulted a physician and the conclusion arrived at was, that an operation for the removal of the idea was necessary. A rooster was procured, bound, and gagged. With this secreted they repaired to the victim's apartments. The scalp was laid open, and tortured with forceps until he thought each feather of the fowl was a spur and being dissected from his brain one at a time. At the proper time it was unbound and brought forth with a flourish. His friends, to humor the idea, agreed with him that he was really possessed, and there was the evidence. Nothing more was thought of it by him for a year, when the bishop, thinking to joke him, related in his presence the circumstance. The poor priest placed his hands

to the side of his head and exclaimed, "Yes, I thought it was there, don't you hear him crowing?" It became a fixture that no reason or sophistry could remove.

If a man in ordinary good health can be prevailed upon by concerted action, as has been asserted as having actually occurred, beginning with the remark that he was looking badly, and similar remarks repeated by others with looks of astonishment and concern, until he takes to his bed ill in body and mind, it could not be said that he was insane, in the sense of being incapable of reasoning, or diseased in the sense of morbid functional or molecular change. Yet there is in him a subjective condition, or state of mental aberration, that has impaired functional activity. He does not need medicine. Prayers might be consoling, but it would require a faith equal to the removal of a mountain, or the momentary repair of a fractured limb, to cure him. He simply requires the antidote of being undeceived or assured by one in whom he has confidence, that his indisposition is slight, and will soon recover. A "mind cure" certainly, but in a very natural way.

It is not the object of this paper so much to controvert the mind-cure dogma, for that is unnecessary among physicians until they are found curing cataracts or adipose tumors without an operation, then we may believe; but to call attention of the careless and neglectful to what truth there is in it. And there is much in it that may be made useful to physician and patient when not used as a dogma for the purposes of deception and trickery, but as *one* of the legitimate resources of a broad and enlightened science. We may study anatomy and the physical properties of tissue as we do mathematics; what enters into the composition of hair, bone or muscle; the manner of their formation, and the functions for which they are adapted. We may speculate and often arrive at correct conclusions as to the vitalizing movements, and the manner each organ performs its assigned duty, and their relation to each other; learn chemistry as we do history, by fixing the formulas on the tablets of our memories. In short, absorb the entire curriculum of the schools and make them our own property to be counted off in detail at the end of

our fingers, a perfect machine, ready for useful service, if propelled by a mental caliber broad enough for all the uses to which it may be applied. But if we fail to study and comprehend as far as may be the inner workings of the mind, and the services such knowledge gained may be put to in restoring diseased functions of the body, we are but half armed for the duties of the true physician. We cannot expect to attain to the impossible, and read the occult thoughts of men, but by their actions we *may detect* the *current* of their thoughts, and judiciously direct them out of the ruts and channels, or from under some cloud that is oppressing them.

The countenance is an open book to be read by the eye. The voice and its flections may be a revelation that the spoken sentence does not convey. A simple attitude of the body may speak the symptom that the most thorough examination cannot detect. The history of his affairs and his environments should be known, for they are often the fountain head of the stream in whose eddies he is now floundering. Bodily pain or unrest from functional derangement or organic lesion, should receive appropriate treatment with remedies known for their benign influence. But if we have failed to recognize and put at rest any mental bias by our deportment and influences that may be brought to bear, we are likely to find that, though our remedies have given relief, they have almost if not entirely failed to cure. Time and the healing power of nature may do that, but *we* have fallen short. It is unnecessary here to indicate any lines of procedure. Each individual case will have to be met on its own merits. We must be on the alert to detect, but not hasty in announcing conclusions; but in the meantime give every assurance of relief that a fair judgment of the case will justify. To act with promptness when a decision is arrived at, is to inspire confidence in us, and courage in the patient. To exhibit confusion and vacillation is likely to prove our defeat. It is not necessary to hold out promises that we are satisfied we cannot justify. But we will not let them read a doubt in our countenances as long as there is hope for them. The mountebank will often succeed beyond his deserts, by inspiring a hope and courage that

will do for the patient what his vaunted remedies cannot do. Prayers and cheerful religious encouragement are comforting to those in trouble as to their future state. And so far as it may relieve their minds of that burden will likely carry with it some physical improvement. But to attempt to palm it off upon intelligent minds as a system for bodily cures, is much like expecting us to believe in the babies St. Nicholas sends us,—very sweet and quieting to the minds of children, but more satisfactory and natural for grown-up people to believe that they will continue to come to us in the good old way.

PNEUMONIA.

BY J. C. ANDREWS, M. D., JULIAN, CAL.

AT first thought, one would have scarcely believed that this dangerous affection prevailed to such an extent as it does in Southern California. But the cool, damp night air together with the hot sun during the day, to persons who unnecessarily expose themselves, being insufficiently protected, is quite conducive to attacks of pneumonia, or other inflammatory disease.

It has been my observation that persons most liable to inflammation of the lungs and kindred affections, are those who are overworked, or have enfeebled vitality, from various causes, as insufficient care and protection, want of rest, and undue exposure. The system becomes impaired, the excretory organs clogged, secretion arrested, and under some exciting cause, most commonly cold, the patient has a chill, in some more marked than others, the severity of the chill usually being a precursor of the fever and lesion that follow, the paroxysm being long continued, amounting to marked rigors, the higher the temperature and pulse the more marked the lesion of lung structure. The more sudden attack, though it may assume dangerous proportions, will, under proper treatment, yield more readily than the case where the systemic invasion is not so marked but more profound, this latter case assuming that of a typhoid character, which I deem on the present occasion not necessary to detail, as all your readers are fully con-

versant, or ought to be, with its nature and symptomatology. The diagnosis of pneumonia is not, usually, a difficult task; the patient having experienced a chill moré or less severe, followed by fever, high temperature and pulse, with severe pain in the lower lobe of either lung, difficult respiration, cough, if not too recent, the characteristic rusty expectoration, skin dry and hot, urine scanty, bowels constipated, with all the symptoms of an inflammatory disease present.

This distressing malady, if not carefully and conservatively managed, is liable to become a very dangerous and fatal disease. There being no doubt, if we can rely on statistics, that thousands of patients suffering from this disease were by improper treatment hurried into eternity, who otherwise might have recovered and enjoyed the companionship of their friends to a good old age. It seems that the more conservative the treatment, administering such and only such remedies and applications as are indicated for the comfort of the patient, keeping the stomach in good condition, the greater are his chances for recovery. Having had some cases of this disease to treat during the last few months, I trust it may prove not uninteresting if I report the management of them, that your readers may, if not as successful as they would wish in the treatment of this trouble, be benefited thereby, as well as their patients, as this is one end to which we all are aiming.

Last fall Mr. C., aged sixty years, a carpenter, while smoking after supper, was attacked with a severe chill and rigors, and retiring to his room, I was summoned to his side. I immediately ordered him a hot toddy, with bottles of hot water around him, snugly tucked in with blankets, and awaited further developments. In two hours reaction had taken place, fever came up, face flushed, headache, pulse 120, full and bounding, slight pain in lower lobe of right lung. I informed him I thought it was an attack of pneumonia. A mustard plaster was applied over the affected part, and I prescribed the following:—

R Tr. veratrum vir., gtt. xx.
 “ bryonia, gtt. x.
 Aqua pura, ℥iv.

M. Sig.—One teaspoonful every hour.

At twelve o'clock, three hours later, I was again summoned to his bedside, as the pain was now so severe that breathing was attended with the greatest suffering. He was restless, uneasy, apparently approaching delirium. The sinapism had almost blistered his side. I now ordered a poultice of mush to be applied as *hot* as could be borne, and while it was being prepared, called for a flannel cloth and some lard; spread the lard over the cloth, and sprinkled it quite thickly with the emetic powder of the dispensatory (King's); had the sinapism removed, and applied the cloth thus prepared directly over the parts occupied by the mustard, and over this the *hot* mush poultice, covered in with flannels; continued the sedative mixture, and in a few moments the patient was asleep, and rested until morning, and suffered no more pain during the attack. But the tenacious expectoration, tinged with blood or rusty sputa, was now manifest with an annoying cough, with some fever, which became less every day, and on the sixth day the patient was able to be up, though very weak. The cough continued for two or three weeks, but gradually ceased. There was no quinine, expectorants, tonics, or anything else given in this case in addition to that already named, except that he was permitted to drink all the lemonade he wanted; his diet was hot milk with salt to taste.

Had not the case received immediate and prompt attention, it in all probability would have been of two or three weeks duration, hence the importance of early and prompt treatment in pneumonia. Might not this be termed aborted pneumonia?

CASE II.—Mr. S., aged fifty-five years, not accustomed to hard labor, the weather being very warm during the day overworked himself, was attacked with a chill, not so marked as in the first case. But the pain and cough characteristic of pneumonia presented themselves, and being called to treat him, recognized the lesion at once, and ordered the mush jacket and larded cloth sprinkled with the emetic powder, to be applied as in the preceding case, with the following:—

R. Tr. aconite, gtt. x.
" belladonna, gtt. viij.
" asclepias, ʒj.
Aqua pura, ʒiv.

M. Sig.—One teaspoonful every hour.

The belladonna was given, as the patient was inclined to stupor with bad taste in the mouth, dirty tongue, for which a solution of sulphite of soda was administered. This treatment was pursued for five days, when he was convalescent, though he continued in a rather debilitated condition for some time, as he was troubled with chronic rheumatism.

CASE III.—That of a little girl whom I was invited to see, aged eleven years, and received the following history of the case. The child had to walk two miles to school and return, and not being of a very robust constitution, and exposed to the wet grass of the morning, and hot sun during the day, her health became impaired. One afternoon while in school she experienced chilly sensations; no appetite; could not rest at night on account of pain in the side though not very severe. In the morning when I was called, fever, high, temperature $103\frac{1}{2}^{\circ}$, pulse 120, headache constant. Diagnosed the case pneumonia. Parents frightened, despondent, and exceedingly anxious; and as the disease had nearly twenty-four hours the start, had quite a severe case to handle; but was hopeful, and prescribed as follows:—

R. Tr. veratrum v., gtt. x.
“ bryonia, gtt. viij.
“ asclepias, ʒij.
Aqua pura, ʒiv.

M. Sig.—One teaspoonful every hour.

Local application to chest, as in preceding cases, to control pain. which it did in a most effectual manner as long as it was kept applied as directed; but if it was neglected, the pain would return. Second day, 10 A. M., worse; temperature $104\frac{1}{2}^{\circ}$, all the symptoms corresponding; worse in the morning, better in the evening, when a mild aperient was administered to relieve the bowels. Third day, 10 A. M., temperature 105° , less in the evening. Case looks serious; patient very weak; now thought I would venture to give a mild tonic, as it seemed as though we must do something to sustain her strength, as she could take but very little food. So I left some one-grain capsules filled with quinine, to be taken one every three hours, when the fever seemed to be receding.

which only increased the restlessness, and irritated the stomach. This ended the administration of the quinine. With this exception (that of the quinine) the above treatment was pursued, and on the sixth day the temperature fell to 100° , pulse 80, but irregular. Continued treatment, and as she had retention of urine on two or three occasions, in addition to the above prescribed the following:—

R. Sps. nit. ether, ℥ss .
Tr. gelseminum, ℥ss .
Aqua pura, ℥iv .

M. Sig.—One teaspoonful every half hour until she voids her urine, then cease.

Seventh and eighth days fever again rose to former temperature, $104\frac{1}{2}^{\circ}$, all the symptoms aggravated; but on the ninth day the temperature had fallen to $98\frac{1}{2}^{\circ}$, pulse 75, skin moist, patient in every way better. After the sixth day hydrochloric acid was administered in addition to the sedative mixture, as follows:—

R. Mur. acid, dil., ℥ss .
Simple syrup, ℥jss .

M. Sig.—One teaspoonful every two or three hours in a little sweetened water, as indicated by the dry brown coat of the tongue.

This treatment was continued, until now she is convalescent, contrary to the expectations of all the neighbors and friends and parents, as they had no hesitancy in expressing themselves as having no hopes of her recovery.

The administration of quinine in pneumonia is a subject which should interest all physicians who are in search of truth. Throw off the cloak of prejudice, and study the therapeutic action of this valuable drug. Do not blindly follow the footsteps of those who have preceded you as authority, unless verified by experience. It seems to me that it cannot be regarded in the light of a tonic, uncombined with other remedies possessed of those properties, and should be considered as contraindicated in any and all inflammatory diseases except where there is a distinct periodicity, and then it should be withheld unless the patient presents the indica-

tions for its kindly acceptance, viz., a moist, cleaning tongue, soft, open pulse, moist skin, not dry. It will only do harm if administered where the opposite condition prevails.

THE FUMES OF BURNING SULPHUR IN THE TREATMENT OF DIPHTHERIA AND MEMBRANOUS CROUP.

BY JOHN FEARN, M. D., OAKLAND, CAL.

FINELY powdered sulphur blown into the throat has for a long time stood very high with the laity and also with many medical men as a cure for diphtheria. I have seen something of this practice, and I am of the opinion that it is not what it is said to be. That it is never beneficial I would not say, but that it is deserving of the very high encomiums that have been passed upon it as a cure for this disease, I firmly deny. In talking with a physician some time ago he declared that fifty per cent of diphtheria patients would die anyway. This has not been my experience, and yet true diphtheria is a very serious disease. I have hitherto had very good success in treating this disease, but my experience leads me to the conclusion that there is no one system of treatment, but every case must be treated on its own merits. The patient must be wisely medicated and wisely fed so as to sustain the vital energies. But I started out to speak of the benefits of burning sulphur where the patient can get the benefits of the fumes.

In two cases of diphtheria, one a delicate child, the other a strong woman, the mother, both very sick, treated recently: I used the fumes of burning sulphur with very great advantage; it relieved the difficulty of breathing; it seemed to help in disorganizing the membrane and leading to its early expulsion. It seems to act as an antiseptic, and in this way I believe it prevents extensive sloughing. Another point which is important: I believe it acts as a prophylactic, saving others in the same house from suffering with the disease, or, when they have it, modifying the severity of the attack. This was very plain to me in the

cases above mentioned. So soon as the true nature of the disease was discovered, the sulphur was used, and it was burnt in the sick room every three or four hours through the day. After the two cases began to convalesce, and for one or two weeks after they were up, other members of the same household suffered with throat trouble, and in one case there was a little exudation, but these cases were soon disposed of, largely due, I believe, to the burning of the sulphur. I have used this remedy as a fumigant and disinfectant in small-pox as well as diphtheria, and I believe it to be a most effectual one. I notice our medical exchanges are beginning to call attention to its power in the cure of pertussis, used in this way as a fumigant. Though I have not tried it in this way, I mean to test it the first opportunity, as I believe in its virtues in this direction.

In the month of March last, I treated a very serious case of membranous croup. The child was about three years old; dyspnœa very great; the breathing could be heard all over the house. There seemed to be nothing but death staring the child in the face. I told the friends I could see no prospect of cure. To relax the parts and give vent to mucous accumulations which were choking the child, emetics of ipecac were given on several occasions. As there was an indication for aconite, this remedy was given. When there was much wheezing and rattling in the chest, tartar emetic 3x trituration was given, at times very small doses of lobelia or kali bichrom, 3x. Externally I prescribed—

R. Co. pdr. lobelia.
Co. liniment stillingia, aa 3ij.
Saxoline, 3ij.,

M. Sig.—Rub on chest and throat every three hours, cover with flannel wrung out of hot water; then a dry flannel placed over all. These remedies were all important, and answered a valuable purpose, but I am inclined to think that without the sulphur they would have failed. Now for the use of this remedy. A few red-hot coals are placed on a fire shovel, then a little sulphur, say a teaspoonful, is sprinkled over these coals; this makes a good blaze, which you want—not a smudge. The burning sul-

phur is carried about in the room, and the sick one is allowed to breathe the fumes. You might think the patient would rebel, but when it feels the relief coming from the procedure, it will be anxious to get it. In the case mentioned, while older persons in the room coughed and complained, I saw this child of three years old lean forward to take a deeper, fuller breath of the fumes; the result was relief to the breathing almost immediately, and after a hard fight the child recovered. As showing that this was no simple, trivial case, for several weeks after she was up and apparently well this child suffered with almost complete aphonia. As showing the power of this remedy in loosening up and throwing out the false membrane, I saw a membrane thrown off by a patient of Professor Webster, M. D., under this treatment, which must have extended down to the bifurcation of the trachea.

In conclusion let me recommend to the favorable notice of the profession the use of sulphur fumes, in these cases. It is not a cure all. Many cases of diphtheria, as also of membranous croup, will die in spite of its careful application, but it is a good remedy in its place, as an antiseptic, as a fumigant, and as a relaxant.

SOME EXPERIENCES WITH POLYMNIA UVEDALIA.

BY J. W. HARVEY, M. D., VINA, CAL.

HAVING read of the use of polymnia uvedalia in the treatment of enlarged spleen, I determined to give it a trial in glandular enlargements generally. And for the benefit of the readers of the JOURNAL I will relate two cases in recent practice.

First case was that of a child ten years old, who had an enlarged sublingual gland. The external appearance was that of a cyst or tumor as large as a hen's egg, and swollen internally, causing the point of the tongue to point to the roof of the mouth. The tumor was hard and resisting to the touch, but not painful. General health of the patient good. I prescribed specific uvedalia,

gtt. ij every four hours, to be taken in a little water. To the tumor I had the uvedalia ointment applied, rubbing it in well and using heat to produce absorption. What was the result? This tumor, which had been perceptibly growing for six weeks, was removed by the uvedalia in ten days.

The second case was a child four years and six months old. The difficulty was a case of hypertrophy of the spleen, of over one year's standing. I had treated this case before in November, 1886, carrying out the usual stereotyped plan, exhausting the remedies generally used in such cases, but with no good results so far as reducing the spleen was concerned. On my return from the California Medical College in April this year, the case was presented again and I determined to use uvedalia, which had been so highly recommended. At this time the patient was pale and anemic, no appetite, slight fever every day, but no distinct chill. The spleen seemed to fill almost all one side of the abdominal cavity, extending as low down as the anterior superior spine of the ilium, and as far to the right as the median line. To the touch it was hard and resisting. I prescribed, arseniate of quinia, 3x, trit. 1 grain, every three hours; spec. uvedalia gtt., ij three times a day. Externally the uvedalia ointment was well applied over region of spleen morning and evening, toasting it in well with heat. What were the results? In six days the arseniate of quinia was stopped, there being no fever. The uvedalia was continued both locally and internally as before. To summarize: the treatment was commenced May 6 and at this date, June 8, the spleen has decreased in size one-half; it feels soft, appetite is good, she has had no fever since the first week, and all symptoms point to a speedy and complete recovery. I have other cases which I am watching and will report in the near future.

HEARSAY.

BY G. P. BISSELL, M. D.

IN writing of the power and use of medicine one should state only what he actually knows. But if I should adhere to this rule, I fear I should never write.

Certain of my friends declare their knowledge of use of some medicinal substances, which, if I wait to prove, I fear may never be proved, so I embody the information here, hoping that others will try those medicines and report the effects.

1. Try white pine gum for Bright's disease of the kidneys. Dose about six grains, three times a day.

2. For gravel, get an old-fashioned gourd, such as is used for holding water. Let it be ripe, or nearly so. Make an opening into it, pour in boiling water and let stand until cool. Drink the water. Dose unknown; must be ascertained by trial.

I hope to hear from physicians favorably surrounded trying both of these remedies, and what effect they have. The testimony in favor of the first is very strong. In favor of the second it is sufficient to cause me to try it if I had a case on hand and the remedy at hand.

SELECTIONS.

THE TREATMENT OF PHTHISIS BY SULPHURETTED HYDROGEN.

It has not been many years since the faces of patients in a consumptive hospital were merged into a uniform ugliness, each, in fact, being cased in a mask of greater or less proportion, with various machinery in its center, which was dignified by the name of a respirator. It is noteworthy that the respirator was armed with germicides or antiseptics, and was to cure consumption antiseptically. Now the destroyer of phthisis germs and the characteristic phenomenon of the pulmonic hospital bids fair to be a caoutchouc bag, a bottle of bad-smelling solution, and a rectal tube and nozzle. Whether this last claimant for therapeutic favor shall, as is not improbable, finally follow the respirator into oblivion or not, is at present uncertain. But the matter certainly is of sufficient importance to require careful treatment at the hands of the *Therapeutic Gazette*.

In 1883, M. Debove, professor at the Hôpital de la Pitié, declared in one of his clinical lectures that consumption being due to the presence of a parasite, the proper treatment of it was the use of a parasiticide. It was left, however, for M. Bergeon (of L'École de Médecine of Lyons) to put into actual practice this suggestion, and on the 12th of July, 1886, he gave his results to the French Academy of Science. He rejected the lungs themselves as the channel through which the parasiticide should find entrance into the system on account of the rapidity of absorption from them, and of the fact that medicines taken up by them are carried immediately in a concentrated form to the right side of the heart, and, moreover, exert in the lung itself a too great local irritant influence. The disagreeable tastes of most of the antiseptics render their administration through the mouth and stomach difficult, whilst the work of Claude Bernard has shown that gaseous substances taken into the large intestine are absorbed with great rapidity, and go into the general system. M. Bergeon,

led by this train of thought, used various substances, such as chlorine, turpentine, ether, ammonia, and bromine injected into the rectum, but found them all so violently irritating that they had to be abandoned, but at last he discovered that a mixture of carbonic acid and sulphuretted hydrogen was perfectly tolerated by the intestines, if the gases be pure and be unmixed with atmospheric air. Under these circumstances the rôle of the carbonic acid was to act as a diluent to the sulphuretted hydrogen.

The apparatus of M. Bergeon consisted of a caoutchouc bag having a capacity of four or five liters, which was filled with pure carbonic acid and connected with a Wolffe's bottle, which was in turn connected with the tube inserted into the rectum of the patient, so that by compressing the bag the carbonic acid could be forced to bubble through the solution of sulphuretted hydrogen, natural or artificial, in the Wolffe's bottle, and pass into the intestines. The common sulphurous waters, especially Eau de Bonnes or Eau de Challes, were thought by Bergeon to be superior to any artificial waters, but this is probably a mistake.

In the Hôpital Cochin, where the method has been much practiced, the following two solutions have been employed:—

SOLUTION NO. 1.

- R. Sulphide of sodium, pure, 10 grammes, or 10 parts by weight;
Distilled water, enough to make 100 cubic centimeters, or 100 parts by weight.

One cubic centimeter of this liquid engages exactly ten cubic centimeters of sulphuretted hydrogen when there is added to it one cubic centimeter of the following solution (No. 2.):—

SOLUTION NO. 2.

- R. Acid, tartaric, 25 grammes, or 25 parts by weight;
Acid, salicylic, 1 gramme, or 1 part by weight;
Distilled water, enough to make 100 cubic centimeters, or 100 parts by weight.

This solution in the Hôpital Cochin is used by an apparatus which, under the directions of Dujardin-Beaumetz, is made by H. Gallante, of Paris, and which, though much more complicated, is no doubt more convenient than the apparatus of Bergeon. A description of this apparatus, with figure, may be found in *Les Nouveau Remèdes*, November 24, 1886.

By M. Bergeon himself four or five liters of carbonic acid gas, which had been passed through two hundred and fifty to three hundred grammes of the sulphurous mineral water, were thrown into the rectum twice in each twenty-four hours. In the Hôpital Cochin the amount of gas injected varies from one to four liters at each *séance*. The apparatus used at this hospital is superior to that used in the original method, because it allows a definite amount of sulphuretted hydrogen to be introduced with the gas. The amount of sulphuretted hydrogen used in the Hôpital Cochin is not positively stated, but about fifteen cubic centimeters of the solution of sulphide of sodium (equivalent to one hundred and fifty cubic centimeters of sulphuretted hydrogen) seems to be the amount employed at a *séance*.

In his original communication, M. Bergeon claimed that the success of this mode of treatment is very rapid and remarkable; it is stated that the cough immediately diminishes, the expectoration lessens or even ceases, the appetite increases, the sleep becomes undisturbed, the fever abates, and the bodily weight greatly increases.

In the discussion before the Société de Thérapeutique, at the meeting of December 8, 1886, Dujardin-Beaumetz confirmed the statements of M. Bergeon, and further said that the amelioration must be due to the sulphuretted hydrogen, as he had repeatedly tried injections of pure carbonic acid without doing good.

The French reports indicate very strongly that the drug acts, not as was originally expected, upon the parasite of phthisis, but upon the inflamed diseased lung-tissue itself, since Dujardin-Beaumetz states that there is no lessening in the number of bacilli in the sputa; moreover, great benefit is obtained in the treatment of cases of simple chronic bronchial catarrh. This is also confirmed by the studies of M. Chentemesse, of the Hôpital St. Antoine, who affirms distinctly that there is no lessening of the bacilli, and that very marked relief has been afforded to asthmatic patients. Moreover, *no evidence is forthcoming to show that sulphuretted hydrogen is poisonous to the tubercular bacillus*. It is, so to speak, the natural gas of putrefaction, and without definite proof cannot be considered to be even probably inimical to low organic forms.

Dr. James Henry Bemett has published in the *British Medical Journal*, December, 1886, a paper upon Bergeon's method of treatment, in which, however, he adds nothing to our knowledge of the subject, merely stating his own experience in a single case of asthma.

In this city the method of treatment has been used in the Philadelphia Hospital in a large number of cases, especially in the wards of Dr. Bruen. A personal inspection of the result shows that the statements made by the French observers are correct, and there seems to be no doubt that under the treatment there is rapid alteration of some cases of phthisis for the better. In the Philadelphia Hospital the solution at first used contained five grains of the chloride of sodium and five grains of the sulphide of sodium, but at present the strength has been doubled, so that in the Wolffe's bottle, through which the carbonic acid passes, ten grains of each of the chemicals is put. Once charging of the Wolffe's bottle is made to suffice for a number of patients, each of whom receives at each treatment from three to five pints of carbonic acid. It will be seen at once that in this method the amount of sulphuretted hydrogen received by the patient is unknown and variable, and is very small. A personal inspection of the carbonic acid used showed that it is very impure, the odor indicating that it contains sulphurous acid. Chemical testing has shown that the gas coming from the Wolffe's bottle contains sulphuretted hydrogen, the odor of which is also distinctly present. The chloride of sodium in the solution would appear to be superfluous, the carbonic acid reacting directly with the sulphide of sodium. The following formula represents the probable change:

$$\text{NaS} + \text{CO}_2 + \text{H}_2\text{O} = \text{NaCO}_3 + \text{H}_2\text{S}.$$

Such is the evidence which I have been able to gather from the experience of others in regard to Bergeon's treatment, and it is sufficient to indicate that we are in the presence of a very important improvement of, or rather a very important addition to, medical therapeutics. It is of vital importance to decide the mode in which the treatment acts. The experiments of Dujardin-Beaumetz show that the carbonic acid is not the active agent, and that the good achieved is produced by the sulphuretted hy-

drogen. Reasons already assigned are sufficient to make it improbable that the good achieved is the result of any parasiticial influence. All clinical experience indicates that heredity is in the production of consumption a vastly more important factor than is any poison introduced into the body from without. Only a portion of the medical profession believes in the active contagiousness of phthisis, whilst the experience of any life insurance company affords a firm foundation for the belief in the heredity of the disease. If the bacilli really are the exciting cause of phthisis, the susceptibility to their action must be a more important factor in the production of phthisis than are the bacilli themselves. There is at present, then, no proof that the sulphuretted hydrogen, when it does good in phthisis, acts by killing the bacilli, and there is still less proof that it in any way increases the direct resistive powers of the individual to the action of the bacilli. In some acute and chronic diseases of the skin, local applications of sulphur act with the most astonishing rapidity and effectiveness, and the thought naturally suggests itself that in Bergeon's treatment of consumption good is achieved by the action of the sulphuretted hydrogen upon the inflamed lung tissue, or, in other words, that the plan of treatment is simply a means of making an application of sulphur to the pulmonic mucous membrane and tissue. This thought is not merely of speculative interest, but also of practical importance, for it suggests that the method of treatment will prove of value not only in consumption but in various forms of chronic or subacute affections of the lungs. This is confirmed by what experience we have. Cases of asthma and pulmonic catarrhs have already been quoted in this article as having been published in the French journals, in which the remedy has proven of the greatest service.

I saw in the Philadelphia Hospital one case of asthma, with chronic catarrh and emphysema, in which the administration of the rectal injections had been followed by the most pronounced relief. In another case of catarrhal pneumonia with an enormous amount of purulent expectoration, and general symptoms so bad that a fatal prognosis had been given, the administration of the remedy was at once followed by rapid lessening and even cessa-

tion in the purulent secretion, and in a short time by convalescence.

As an important illustrative case, I cite one from my own recent experience. Mrs. L., over seventy years of age, received a severe contusion of the side in a railway accident, which was followed by pleurisy, in turn followed by bronchial pneumonia with an enormous expectoration. She had been under my care, for nearly three months, and though often temporarily benefited by various remedies, had failed to properly respond to the most careful treatment that I could give her. The expectoration remained exceedingly profuse, amounting sometimes to a pint in the course of twenty-four hours, although very irregular. The general symptoms were very bad; sinking spells were frequent and alarming. I finally told the family that she would die, unless the gaseous injections would do something for her. Within forty-eight hours after the use of the gas, the expectoration notably decreased, the expression of the patient's face changed entirely, and at present writing, fifteen days after the use of the sulphuretted hydrogen, she is expectorating not one-sixth the quantity she did formerly, has regained the natural expression of her face and color of her skin, as well as her appetite, and a fair amount of strength, and seems to be convalescent. A notable fact in this case is that the injections of gas relieve in a few minutes the sense of suffocation and sinking the patient formerly felt in the mornings. The secretion of urine was sensibly increased. As tested on three occasions, the subnormal temperature rose 0.4° Fahr. within the half hour after the imbibition of the gas either by the mouth or rectum.

One difficulty with Bergeon's method of treatment in private practice is the cumbersomeness of the apparatus and the skilled labor required for the preparation of the carbonic acid. A plan which would avoid this and reach the same result in regard to the lung disease is certainly a desideratum.

According to Gay-Lussac and Thénard, water at 52° Fahr. will absorb three times its volume of sulphuretted hydrogen. To prepare this solution the gas, previously washed with water, is passed alternately through each of two bottles half filled with

water; while it is being passed through one, the other is closed with the stopper and shaken to secure complete absorption; and thus the process is continued until the water is completely saturated. One of the bottles is then completely filled with the liquid, and removed with the mouth downwards. The resulting solution is a colorless liquid having the odor of putrid eggs, and a sweetish taste. When heated it evolves the whole of the gas. Bottles containing the solution of sulphuretted hydrogen should be habitually laid upon their side.

A priori, there is no evident reason why this solution, if injected into the rectum in proper doses, should not exert all the influence upon the pulmonic tissue obtained by Bergeon's treatment. I have tried the solution thrown into the rectum, and found it free from any irritant action. The habitual use of injections two or three times a day is, however, very disagreeable to most patients, and the questions naturally arise, Is there any necessity of administering the drug by the bowels, and cannot sulphuretted hydrogen water be taken without too much repugnance by the mouth and without nauseating? At the various sulphur springs large quantities of such water are habitually drunk by the patients. Led by such considerations, I have tried the sulphuretted hydrogen water in as many cases as I have been able to get, and so far, when properly given, it has been usually taken readily, and has not disagreed with the stomach. Some persons, however will not tolerate it at all. The effects upon the disease have seemed to be entirely similar to those produced by the injections. At first a half-ounce, afterwards an ounce of the saturated solution of the sulphuretted hydrogen should be placed in a tumbler, and two or three ounces of carbonic acid water be run into it from a highly-charged siphon, the whole being drunk while effervescing. This may be given three to five times a day, so that the patient will receive daily between a half-pint and a pint of sulphuretted hydrogen gas.

Injections of gas into the rectum produce in some persons more or less violent attacks of colic, especially if given at a time when the food is well down in the intestinal tract. Thus, in the case of Mrs. L. the night injection caused so much pain that it could

not be borne, although the injection in the morning was actually pleasant. The two methods of administration were then combined, the gas injection being given in the morning and the sulphuretted hydrogen water in the afternoon and evening. Within the last forty-eight hours, at Mrs. L.'s earnest request, the gas injections have been entirely abandoned in favor of the imbibition by the mouth. Of course the two methods are simply different ways of accomplishing the same result, and may be variously combined or substituted one for another, according to the peculiarities of the individual cases.

It is a matter of the greatest importance to fix definitely the dose of sulphuretted hydrogen gas. With the method employed in the Philadelphia Hospital this cannot possibly be done. The solution employed in the Hôpital Cochin, whose formula is given in the first part of this article, seems to be superior to the solution of the chloride and the sulphide of sodium, in affording known quantities of sulphuretted hydrogen. Even with it, however, the chemical reactions are so slow that practically it is scarcely possible to decide how much of the gas is evolved in a brief time. The substitution of sulphuric for tartaric acid would largely obviate this. When the medicine is given by the mouth exact dosage is possible. In Mrs. L. five ounce-doses appeared to be too much. She is now taking three doses daily.

In a recent number of the *British Medical Journal* it is stated that M. Morel affirmed before the Biological Society of Paris that the dose of the gas is twenty-five cubic centimeters. That it is not incapable of doing harm is shown by the experiments of M. Peyron, who injected into the rectum of a dog one hundred and fifty cubic centimeters of a saturated solution of sulphuretted hydrogen in two doses at intervals of three minutes. Symptoms of poisoning began to be manifested within two minutes, and death took place in ten minutes. Another dog died quickly after two injections of the same strength, given at intervals of twelve minutes, while two others, in whom only very small quantities of the gas, or large quantities very much diluted, had been injected, experienced only slight inconvenience, and rapidly recovered.

Not long since, in the University Hospital in Philadelphia,

about one quart of a mixture containing equal quantities of carbonic acid and sulphuretted hydrogen was injected into the rectum of a patient; within three minutes the man was unconscious and apparently dying. The breathing-rate was one hundred per minute, and the respirations so shallow that they could scarcely be observed. The pulse at once became very rapid and feeble, and even imperceptible at the wrist, while a very marked odor of sulphuretted hydrogen appeared in the breath. Under treatment the symptoms all subsided in about fifteen minutes. The rapidity with which these symptoms developed and with which they subsided indicates that when the gas is thrown into the rectum its effect is very immediate and fugacious, and it is entirely possible that the more continuous influence of rectal injections of the aqueous solution of sulphuretted hydrogen may act better in pulmonic diseases than does the short influence of the gases now administered. Of course poisoning by overdoses of sulphuretted hydrogen is a no more valid objection to its proper use than is opium poisoning to the employment of opium.—*Therapeutic Gazette.*

BULLET AND PROBE.

SURGERY has advanced with such vast strides within the last few years that the practice of ten years ago has been rightly denominated "the surgery of our grandfathers." Unfortunately the advance has been so rapid that many physicians, who still follow the teachings of their earlier years, seem never to realize that what was good practice then is malpractice to-day. Nowhere is this change more manifest than in the treatment of bullet wounds. Reading by the light of to-day, how many "brave boys in blue" fell victims to the surgeon's probe! Judging by the reports of the Associated Press, what destruction does it still work! Every surgeon seems to imagine it his first duty after a gunshot wound to carry his infected probe to the bottom of what might otherwise be a harmless wound. The bullet is seldom found. Every germ has been destroyed by the heat of the bullet as it passes through the air. The bullet alone is, when imbedded in the tissues, an innocuous and harmless ob-

ject. This has been proven by the universal experience of military surgery.

All the injury that can be done has been done by the bullet, and any subsequent danger arises from the probe of the surgeon. Nature immediately closes the wound from the air, and any effort at probing breaks down her protective barrier. There is sufficient time, when symptoms of inflammation arise, to make the attempt to remove the bullet, and the patient is in a condition to better undergo the shock of the operation. After removing any foreign material from the mouth of the wound, it should be immediately closed with some antiseptic material, such as cotton dipped in iodoform dissolved in collodion. This new method of treatment was thoroughly tried during the Turko-Russian war. Reyher found that

"Out of twenty-eight cases of gunshot wound of the knee, with bullet left imbedded in the part, the four which were treated from the outset in accordance with the newer teaching, all recovered with movable joints; while eight, in which antiseptic precautions were not adopted till the next day, *died*, as well as four which had no such treatment at all. Of the remaining *twelve* which had had no antiseptic treatment and required either intermediate or secondary amputation, *eleven died*.

"Of forty-six cases of wounds of different joints, properly treated, *thirteen per cent died*; of seventy-eight cases similar in other respects, but in which antisepsis was a secondary consideration, or from which bullets had been extracted, *sixty-one and five-tenths per cent died*.

"Of another series of sixty-two gunshot wounds of joints, without primary precaution, *sixty-three per cent died*.

"So in cases of shot fractures of long bones; of sixty-five treated antiseptically from the first, only five died, *seven and six-tenths per cent*; of twenty-nine not so treated, eight died, *twenty-seven per cent*."

Such statistics could be multiplied indefinitely, showing that at least four times as many lives could be saved by the more modern method of treatment. Is it to be wondered that the treatment of Garfield was so severely criticized by German surgeons? Is

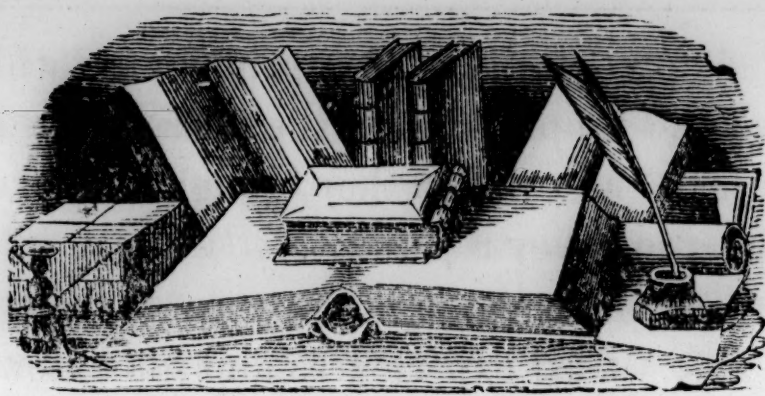
it surprising that the cases of gunshot wounds during our late war were attended with such fearful fatality? Let us hope that, if another war should occur, our soldiers will receive a better and more humane treatment.

TUBERCULAR CONTAGION THROUGH THE MEDIUM OF CHICKENS.

It seems to be a fact pretty conclusively established that tuberculosis can be transmitted by milk and infected animal food of certain kinds, though examples of the latter method of contagion are not as yet very numerous. An instance of this nature, of considerable interest and not without practical importance, was recently communicated to the Société des Sciences Médicales de Gannat, by Dr. de Lamallerée.

In a little hamlet of ten cottages, isolated in the midst of a large forest, and always hitherto free from any cases of tuberculosis, a young soldier returned home affected with pulmonary phthisis. His wife also became tuberculous and gave birth to a child who speedily showed evidences of hereditary tuberculosis. Another woman in the same hamlet presented in her turn the evidences of pulmonary phthisis. She had had no intercourse with the first cases, but had eaten of eleven chickens which had died in the yard of the soldier's house. The chickens were cooked very little before being eaten. The autopsy of another of the same flock showed tubercular lesions of the intestines, and the tubercle bacilli were found in great numbers. These chickens would thus seem to have been the means of conveying the specific virus, having themselves become tuberculous from eating the sputa from the affected individuals.

This observation possesses a threefold interest, as showing the possibility of transmitting the contagium of tuberculosis from man to man, from man to animals, and from animals to man.—*Medical Record.*



EDITORIAL.

Vacation Days.—The physician's leisure days are now with him. All over the country there is the best of health prevailing. The ailments of closing winter that lengthened into spring have subsided, and it is not late enough, in many parts, for cholera infantum and adult intestinal difficulties to appear. The practitioner must content himself with a few "chronics," or lock his office, throw the key in the well, or sewer, or some other safe place, and hie him to the mountains, springs or sea for rest and recreation.

A summer vacation is what every physician should have. Monotony must be broken or life at length becomes a burden. Our insane asylums are replenished largely by those whom a dreary round of monotonous and onerous duties has finally wrecked. Mind or body, or both, must suffer if the treadmill of life be not varied. It is more than a matter of mere satisfaction which prompts the overworked doctor to steal away from his post and seek a respite from the trials, sorrows, bitter complainings and hours of intense anxiety with which his path is beset. He knows that he must have rest, or in time he will wear out from over-strain.

Unfortunately many physicians do not realize this until their best days have been spent, until strong and vigorous constitutions have been shattered and nature speaks in peremptory tones. The struggle with early poverty and competition, perhaps, has so grown to be a part of their lives that they have become slaves to seeming necessities, sordid ambitions or false conceptions of what they are living for. Such physicians hardly ever rise above mediocrity as practitioners. They have no leisure for

study and they simply live lives of routine, into which no new ideas are infused and no progress in the healing art inaugurated. They go out with the knowledge they brought in, leaving nothing bettered the profession they represent.

The doctor's vacation, then, is not a term to be spent in listless idleness. His varied experiences and his extended reading place him in an enviable position for enjoyment wherever his lines may fall. Some branch of the natural sciences may have grown to be a hobby with him and now he derives rare enjoyment, so far away from home that no patient can molest him. If he be a city man in the country and has developed a fondness for botany, material for the pursuit of his favorite study appears before him on every hand, and he revels in unalloyed pleasure. If he has a smattering of the knowledge of the naturalist, he can find fruitful sources of enjoyment, whether he studies the ruffraff washed up at his feet as he walks the ocean strand, lounges beneath the shade of some sylvan retreat, or climbs the crags of rugged mountains in more resolute mood. If he has, at some previous time, given the subject of geology a little thought and study, he can revel among the lessons of instruction imparted by the rocks and read the pages of history as inscribed by the hand of time. If he be a disciple of Izaak Walton, he can find many a cozy nook to ply the rod where the murmuring stream and humming blue-tail fly and singing birds, with a seductive nibble occasionally thrown in for spice, may make life a paradise. Or, if he be a Nimrod, California especially offers rare opportunities for the gratification of his desires, whether he seek the antlered deer, the wary quail, or that prince of acrobats, the ground squirrel.

But wherever he may be, all these pastimes pall on his hands. Then let him have some good work convenient of which the press of business at home forbids perusal, and let him snatch a few ideas from its pages. Even a review of text-books at such intervals would be better than idling away time. Many of our old doctors would cut better figures while consulting with younger and fresher men, if they would bear such points in mind. It is lamentably true that many of our old doctors are woefully lame on points of anatomy and physiology. But there are always

works to be had which will set up a train of fruitful thought in the best posted physician. One of these should be the satchel companion of the doctor who goes on a vacation.

The country physician needs a vacation as much as his city cousin. Rural scenes, however, do not sparkle with the freshness to him that they do to the city denizen. He has spent the year alternating between long and tiresome rides on horseback or in buggy or sulky, and hastily snatched conferences in his office with long-waiting patients. To him rural scenes have become monotonous; they are too nearly associated with his hours of toil to be attractive. Let him go to the city and enjoy its privileges for a time. A ride on the cars will be a change from the uncomfortable jolt of a doctor's gig or a jaded horse's back over country roads. There he can visit the galleries of art, the museums, the "Panorama of Waterloo," if he goes to "Frisco," something, by the way, worth seeing; can visit the theaters, places of amusement; can worship where monster organs, played by salaried hands, beneath lofty domes and architraves, inspire him with awe and sincere devotion. The cushioned seats may finally grow hard, especially if the sermon be long or prosy, or if the pestiferous flea abide in the upholstery, as is too frequently the case, but the grand surroundings, the rustle of silks and satins, the metropolitan atmosphere,—all would be a source of instructive interest and amusement; and, being something different from his own "burg," where, perhaps, the church services are conducted in the only hall in town, over a saloon (dear reader, we are drawing it from life), it would pay to go just once to break the monotony. The bustling scenes of the great thoroughfare might also furnish amusement and study, for what more interesting than the contemplation of the different phases of humanity which jostle one another in the whirlpool of lines of local travel or on the crowded streets of a great city. To the rural visitor there is often an immense amount of amusement and pastime in surveying such blendings from a quiet and sheltered nook. The great libraries, free to all, which may be found in every large city, are also a rare treat to him who is a lover of books and has not the time to gratify his tastes at home. There he may revel among the productions of the best talent the

world has ever known, and with note-book and pencil provide himself with many points of interest and profit for future reference.

Another place of interest might be the California Medical College, at 2417 Mission Street, where lectures are delivered from nine in the morning until noon and from three to five in the afternoon, five days in the week. Here all our readers are invited, if they come to town on a vacation. We know we have no reputation or standing as an institution of learning, have written no text-books, and therefore we assume no airs. Nevertheless you may learn something new, for we strive to keep awake and gather as we go along. We are too progressive to write text-books, for we would be obliged to revise them every year to keep them along with our motion. But we would not detract from the credit of those who have, for they are a convenience, to say the least of it.

But we are writing about vacations and not text-books. We repeat it, let every doctor take a few weeks' vacation once or twice a year. He will place a higher estimate on himself upon returning, for he will feel that his services are of greater value than before he went away, seeing that he has been enabled to ingraft more energy into his work. In the next place his patients will estimate his worth higher than before he went, imagining at least that he has learned something new, and seeing that he is not their slave nor the slave of necessity. Both doctor and patient, then, will be benefited, for the benefit of services depends in a measure upon the estimate placed on the physician by the patient.

The Practical Treatment of the Insane.—The indications for remedies in the treatment of the insane, as given by Dr. Talcott and reprinted in last month's JOURNAL, are worthy of careful perusal. True, in these days, the insane are early consigned to an asylum as a rule, but with proper management on the part of the family physician, it is not improbable that many cases might be averted and saved the humiliation of being sent to such an institution.

Dr. Talcott prefaces his therapeutic indications by some very sensible remarks on the general management of insanity, which

are also worthy of consideration, for they certainly bear the impress of good sense.

He emphasizes the proposition that an indispensable part of the management of insane persons is kindness. No one not responsible, mentally, can appreciate or profit by punishment. Corporeal punishment inflicted upon those who have lost their reasoning powers, then, can be nothing but unadulterated cruelty. Yet in more than one asylum, we fear, tyrannical underlings are permitted to wreak out upon unfortunates in their charge the promptings of brutal and revengeful natures. It is difficult to meet insane people and listen to their torrents of abuse sometimes and still maintain an even temper; but if the person caring for a lunatic remembers always the irresponsibility of the patient, he may then bear a serene front in the midst of terribly insane abuse.

Rest is another of the essentials of good management insisted upon. The insane are always sick. Undue excitement of the physical forces is sure to be the result of mental perturbation. Mental and physical unrest not only predisposes to insanity but is often a cause of its perpetuation. Rest in bed is important. If the patient can be kept quiet in bed until the exhausted forces have become recuperated, many a case of incipient insanity may be nipped in the bud.

Especially is this the case if the vital forces be sustained and nourished during this time. Milk for nourishment and beef tea as a stimulant are the agents especially recommended. These should be administered at frequent intervals, alternated with each other or combined.

Kindness, rest in bed, with mental quiet, so far as possible, liquid food of both a nourishing and stimulating character, later solid food of a digestible character, with the remedy indicated, are the measures employed by Dr. Talcott in his management of the asylum at Middleton, and the statistics show an advance upon the results usually attained.

The proving of drugs in mental therapeutics will probably afford the most reliable indications for their selection. Indeed, we see no other way to investigate this field of study.

Tissue Remedies.—We have used the tissue remedies, as recommended by Schussler, in quite a large number of cases with good, fair, and indifferent success. The prescriber will be disappointed often, yet occasionally they will surprise one with the promptness with which they relieve apparently stubborn cases.

One of these instances occurred about a month ago. The wife of a Berkeley gentleman called at the office to consult us about her husband, and to ask that he be encouraged when he called, for two physicians had pronounced his case hopeless, asserting that he was suffering from cerebral apoplexy and from organic heart disease.

The patient has been a truss manufacturer in the East, and came to California with a modest fortune, which he has lost in unfortunate speculations—a common occurrence. Anxiety, business cares, and overwork had been telling upon him for months. Finally, about three months ago, while on the local train between the Mole and home, he suddenly experienced a peculiar cerebral sensation, and became unconscious, but in a few minutes recovered, and asked the conductor to assist him from the train when he arrived at the station, and had the presence of mind to remember a bundle which lay on the seat at his side, but was still dizzy and confused. After arriving at home he experienced a severe spasmodic pain in the cardiac region, which was accompanied by faintness, shortness of breath, and coldness of the extremities. This lasted several hours, and continued thereafter to return for two weeks or more, without improvement, sometimes several times a day, at irregular intervals. This finally was attended by more or less mental weakness at times, and, as his physician informed him that he was suffering from an organic affection of the brain, the result of apoplexy, he became very despondent.

After three or four weeks he improved somewhat, but, in performing some trivial manual labor about his home, he experienced a relapse; and, as his physician insisted that his days were few, he concluded to try an eclectic physician, as he employed one in the East formerly as his family adviser.

When the patient came, in company with his wife, we found the case an unpromising one. He was past sixty years of age, of careworn appearance, despondent, and presenting marked evidence of nervous exhaustion. There was no paralysis, however, and no evidence of any loss of motor or sensory function, and upon making the effort we found he could call into use all his reasoning faculties. He complained of sleepless nights from lancinating pains in the left chest and left side of the face.

The prescription was potassium phosphate, 3x, to restore lost nervous energy, and magnesia phosphate for the spasmodic pains. Add five grains to a tumbler half full of water, each agent to be dissolved in a separate glass, and alternating give a teaspoonful every hour during the day, and until bed-time. In about a week the patient returned for more medicine, and marked improvement was observable. The careworn, despondent appearance of countenance had more of an expression of comfort and hope. He said he was better; had felt but one spasmodic attack since beginning the medicine, and could now go about and do light chores without becoming exhausted, and slept well all night. In another week his wife reported him well as ever.

President Russell's Address.—The President's address before the National at Waukesha has just been read by the editor, and approved. It is entertaining, and smooth as the flow of oil from a spigot. We would reprint it, but it is somewhat lengthy, and, containing that principally which we have often discussed, it would not perhaps be well to occupy space with its reproduction.

The title of the address is, "The Evolution of Medicine." The author labors to show how modern eclecticism was evolved through various vicissitudes and influences. It is an able argument in favor of the justness of our cause, and in the exposition of the good fruit it has borne.

One Better.—Cooper Medical College is somewhat "tony" in its pretensions. It is well endowed and assumes important airs. Its students imagine themselves gifted to more than the

ordinary degree. They early imbibe notions of "regularity" in ethics,—and contempt for all medical knowledge outside the atmosphere of "calamy and jalap."

The other morning Mrs. R., one of the students of the California Medical College, was seated in a Mission Street "bob-tail" in which a number of Cooper's students were going toward the hospital. They were voluble as Frenchmen and innocent as doves. Among the other chat an impromptu quiz sprung up and the question soon arose, How many bones are there in the middle ear? One neophyte thought "five," but referred the question to his chum and oracle, who decided that four was about the quantity.

As the car neared the California Medical College, one of them remarked that that was "where they ground them through in eight months." Another ventured the remark that "if one had money enough he could get through on no time at all." At this juncture the car stopped, and as our student arose to go, she remarked: "Well, gentlemen, I am a student there and I can assure you that we all know, at least, how many bones there are in the middle ear."

Corrected.—The last word of the second paragraph in the article "Bromide of Arsenic," on page 270, last month's issue, should have been *bromine* instead of bromide. This was the error of the compositor in the start, but should have been corrected by the editor in proof-reading. We are particular about this, for it is a valuable preparation. Those who intend to preserve the JOURNAL for binding would do well to turn to the place and correct it before forgotten. The formula will come into use when you have a case of epilepsy to treat, if not before.

MISCELLANEOUS PARAGRAPHS.

Do not forget to send us \$1.50 for one of Barry's Thermometers, with indelible black. See cut on other page.

THE eclectics of Ohio held their annual meeting the 19th and 20th of May last. A banquet and free railroad ride were among the features of the meeting.

WE have recently received by mail a portrait of L. E. Russell, M. D., President of the Waukesha meeting of the National Eclectic Medical Association.

WE are pleased to note the recommendation by Professor Scudder, of a long college training. We hope other eclectic colleges in the East will imbibe the same spirit. We desire that those sent to California shall be a credit to all concerned.

A WRITER in an exchange informs us that on several occasions he has prescribed belladonna for sterile women, and has found that after taking it for several weeks they have become pregnant. MORAL—Unmarried women should let belladonna severely alone. —*Exchange*.

THE popular book house of Wm. S. Duncombe & Co. was removed from No. 211 Post Street to No. 425 Sutter Street, San Francisco, several months ago. Mr. Duncombe, who personally attends to his customers, is a genial gentleman to meet and will be glad to see our readers at any time, whether they desire to purchase or not. The house deals, we believe, exclusively in medical books and physicians' supplies. Call and learn what you may be able to obtain when you need it.

JUDGE C. C. FULLER, of Mecosta County, "State of Michigan vs. Vanimans," decided, when a physician refused to testify on the ground that the evidence would be expert testimony, "after many years study and observation, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery without pay, to feed the jury. The court rules that the witness is not compelled to testify."—*Southern Clinic*.

IN one of our daily newspapers is reported the case of a young man working on a dairy farm, and while milking one of the cows, sitting on a stool composed of one leg and a board, the cow

kicked, causing the young man to fall with his whole weight upon the stool. The board broke and the leg run into his body to the extent of four or five inches. It was certainly a singular and distressing accident. Rather a stiff backbone, as the saying goes. Our advice to all milkers is to use at least a two-legged stool, and thereby avoid such an accident.

IN an article on the subject of "Rectal Enemata in the Treatment of Consumption," published in *La Abeille Medical*, Dr. Calmon asserts that the formation of tubercle is not arrested, the night sweats are not relieved, and there is no reduction of temperature. Intestinal disturbances are sometimes produced, and digestion often disturbed. He admits that calm sleep sometimes follows the use of the injection, but he attributes this to the action of the carbonic acid gas. He believes that this treatment may be advantageously used in certain cases as a palliative, but not as a cure. We shall get at the bottom of the matter soon.

CHOLERA IN AUSTRIA-HUNGARY.—We have all along feared that cholera might make its appearance this year in Austria-Hungary, and, as we have already announced, the disease manifested itself a short time since at Essig, in Southern Hungary. The latest news is still more disquieting; for we learn that three cases, certified to be genuine Asiatic cholera, occurred between the 25th and 29th of March, at Buda-Pesth. It is not clear on which side of the river this occurrence took place; but in Pesth, on the eastern bank, where the disease was so prevalent last autumn, the conditions are specially favorable to the recurrence of the outbreak.—*Lancet*.

A CASE of heroic self-sacrifice of medical men has just occurred at Kharkoff. A patient was brought into the lunatic asylum with hydrophobia who was so violent that he had to be put into a sack and carried along by *gens d'armes*. All the attendants refused to touch the unfortunate man, declaring that they would rather lose their situations, whereupon two of the medical officers, Doctors Gutnikoff and Davidoff, themselves undertook to wash and attend to him, though he was in the filthiest condition and covered with vermin. They managed after some time to get him somewhat cleaner and calmer. However, in one of his paroxysms, he bit Dr. Gutnikoff in the finger, and bespattered Doctor Davidoff's hand and eye with his saliva. The man did not live through the night. The two doctors are considered to be in great danger.—*Medical Times*.

PUBLISHER'S DEPARTMENT.

HAVE had occasion to try tongaline in a case of acute rheumatism, and am pleased to state the excellent results obtained far exceeded my expectations. Will continue the use of tongaline whenever the symptoms indicate its administration.

H. G. C. ROSE, M. D.

FOR SALE.—Barry's Clinical Thermometers are known to be the best, not only because they are well seasoned before finished, and are positively correct instruments, but also they will rest on their flat backs and breakage by rolling is thereby avoided. Any member of the profession wishing one of these reliable instruments, can procure it by sending \$1.50 to the office of the CALIFORNIA MEDICAL JOURNAL, Oakland, Cal.

DR. H. P. ATHERTON, Great Barrington, Mass., says: "I have been using and prescribing your Acid Phosphate for a number of years. The results have been so satisfactory as to justify me in giving it my unqualified endorsement. I have found it a refreshing and exhilarating beverage during summer months. In a case of reformed inebriety, I have observed its restorative effect in toning up the system and correcting the nervous derangement of the subject."

WHEN eclectic physicians many years ago became convinced of the superiority of specific medicines, other sects opposed both the remedies and the manufacturers of them. Now that it is demonstrated that these remedies are the standard representatives of the most important plants, we should not forget to give the credit to the manufacturers who persisted in working for their perfection. The continued endeavors of Lloyd Brothers of Cincinnati have been crowned by success, and they deserve our encomiums. If they had been content to push cheap, profitable drugs, they would perhaps have made more money, but could not have attained the high reputation that they now enjoy.

BOOK NOTICES.

A PRACTICAL TREATISE ON OBSTETRICS. Four volumes, illustrated with lithographic plates and wood engravings.

Wood's Library for 1887 will consist of a "Cyclopedia of Obstetrics and Gynecology," consisting of twelve volumes. Four volumes of this work will consist of a "Practical Treatise on Ob-

stetrics," by A. Charpentier, M. D., Paris. Two of these volumes are now before us, namely, Volumes I and II. Volume I treats of the anatomy of the female genitals, menstruation, and fecundation, normal pregnancy and labor. Volume II treats of the pathology of pregnancy. To anyone desiring a very full and complete work of reference upon this subject we can commend this one most cordially; never was so much valuable material offered for so little money as in this instance. The text is clear, concise, and descriptive to the most complete fullness without verboseness or pedantry. The works also are fully illustrated, and printed on good paper, with leaded long primer type, constituting a very clear and handsome text. All our readers should subscribe for this valuable issue of Wood's Library.